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CONFIRMATION NO. 5870

SERIAL NUMBER 10/758,472	FILING OR 371(c) DATE 01/15/2004 RULE	CLASS 433	GROUP ART UNIT 3732	ATTORNEY DOCKET NO. 29799/39174
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APPLICANTS

S. Jabri, Burr Ridge, IL;

** CONTINUING DATA *****

None PL

** FOREIGN APPLICATIONS *****

None PL

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **

04/19/2004

** SMALL ENTITY **

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY IL	SHEETS DRAWING 3	TOTAL CLAIMS 22	INDEPENDENT CLAIMS 4
Verified and Acknowledged Examiner's Signature <u>[Signature]</u> Initials <u>[Initials]</u>					

ADDRESS

57726

TITLE

Dental devices used for filling cavities with composite material

FILING FEE RECEIVED 446	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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